FEGLI
Federal Employees Group Life Insurance

Designation of Beneficiary

Federal Employees' Group Life Insurance Program

Form Approved
OMB No. 3206-0136

Warning

Read instructions on back of duplicate before filling in this form

Information Concerning The Insured: If you have not assigned your insurance, YOU are "the Insured", as used throughout this form.

Name of Insured *(Last, first, middle)*	Date of birth of Insured *(Month, day, year)*	Social Security number of Insured

The Insured is: *Place an "X" in the appropriate box.*

☐ An employee	☐ Retired or an applicant for retirement	☐ Receiving OWCP benefits or an applicant for OWCP benefits	If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number.

Department or agency in which the Insured is presently employed *(If retired, former department or agency):*

Department or agency	*Bureau*	*Division*	*Location (City, state and ZIP code)*

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary or beneficiaries named below to receive any amount of **Life Insurance** and **Accidental Death Insurance** due and payable at the Insured's death.

I understand that if I have previously validly assigned my insurance, any designation completed by me is not valid and has no force and effect.

I understand that this Designation of Beneficiary, if valid, will remain in full force and effect, unless or until canceled by me in writing, or until such time as it is automatically canceled (see back of Part 2). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

Information Concerning The Beneficiary or Beneficiaries (See examples of designations on reverse side):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary

Statement of Insured or Assignee

Print or type **your** name and address *(Including ZIP code)*

Please check: I:
- ☐ have
- ☐ have not

elected Living Benefits.

Check only one: I am:
- ☐ the Insured
- ☐ an Assignee

Please check:
- ☐ I have **not** assigned my insurance.
- ☐ I have signed this form in the presence of the **two** witnesses who have signed below.
- ☐ Neither witness is named as a beneficiary.
- ☐ If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. (*Dollar amounts are not acceptable.)*

For each type of insurance (Basic Life, Option A-Standard, and Option B-Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the survivor.

(2) I understand that if none of the designated beneficiaries is living at the time of the Insured's death, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary(ies).

Signature of Insured/Assignee ***(Only** the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)*	Date of execution *(Month, day, year)*

Witnesses To Signature (A witness is not eligible to receive payment as a beneficiary):

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency	Date of receipt	Signature of authorized agency official	Title

See back of Part 2 for instructions on where to file this form. Do not file with the Office of Federal Employees' Group Life Insurance.

PART 1-Original

Clear Form

Important - the filing of this form, if valid, will completely cancel any Designation of Beneficiary you may have previously filed under the Federal Employees' Group Life Insurance Program. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program.

Examples of Designations

1. How to designate one beneficiary Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

2. How to designate more than one beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. How to designate a contingent beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. How to designate different beneficiaries for basic life and optional coverages*

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	100% Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Niece	100% Opt. A-Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10029	Daughter	50% Opt. B-Additional
Ann J. Borden	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Opt. B-Additional

5. How to cancel a designation of beneficiary and effect payment under the order of precedence *(See back of Part 2)*

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
Cancel prior designations			

* If a beneficiary for Basic Life, Option A-Standard, or Option B-Additional predeceases the insured, and there is no surviving beneficiary or contingent beneficiary for that type of insurance, payment for that type of insurance will be made under the order of precedence or, if the insurance has been assigned, to the assignee(s) *(See back of Part 2).*

FEGLI
Federal Employees Group Life Insurance

Designation of Beneficiary

Federal Employees' Group Life Insurance Program

Form Approved
OMB No. 3206-0136

Warning

Read instructions on back of duplicate before filling in this form

Information Concerning The Insured: If you have not assigned your insurance, YOU are "the Insured", as used throughout this form.

Name of Insured *(Last, first, middle)*	Date of birth of Insured *(Month, day, year)*	Social Security number of Insured

The Insured is: *Place an "X" in the appropriate box.*

☐ An employee	☐ Retired or an applicant for retirement	☐ Receiving OWCP benefits or an applicant for OWCP benefits	If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number.

Department or agency in which the Insured is presently employed *(If retired, former department or agency):*

Department or agency	*Bureau*	*Division*	*Location (City, state and ZIP code)*

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary or beneficiaries named below to receive any amount of **Life Insurance** and **Accidental Death Insurance** due and payable at the Insured's death.

I understand that if I have previously validly assigned my insurance, any designation completed by me is not valid and has no force and effect.

I understand that this Designation of Beneficiary, if valid, will remain in full force and effect, unless or until canceled by me in writing, or until such time as it is automatically canceled (see back of Part 2). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

Information Concerning The Beneficiary or Beneficiaries (See examples of designations on reverse side):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address *(Including ZIP code)* of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary

Statement of Insured or Assignee

Print or type **your** name and address *(Including ZIP code)*

Please check: I:
- ☐ have
- ☐ have not

elected Living Benefits.

Check only one: I am:
- ☐ the Insured
- ☐ an Assignee

Please check:
- ☐ I have **not** assigned my insurance.
- ☐ I have signed this form in the presence of the **two** witnesses who have signed below.
- ☐ Neither witness is named as a beneficiary.
- ☐ If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. *(Dollar amounts are not acceptable.)*

For each type of insurance (Basic Life, Option A-Standard, and Option B-Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the survivor.

(2) I understand that if none of the designated beneficiaries is living at the time of the Insured's death, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary(ies).

Signature of Insured/Assignee ***(Only** the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.)*	Date of execution *(Month, day, year)*

Witnesses To Signature (A witness is not eligible to receive payment as a beneficiary):

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency	Date of receipt	Signature of authorized agency official	Title

See back of Part 2 for instructions on where to file this form. Do not file with the Office of Federal Employees' Group Life Insurance.

PART 2-Duplicate

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees' Group Life Insurance Program and is not to be confused with Standard Form 2808, *Designation of Beneficiary, Civil Service Retirement System,* Standard Form 3102, *Designation of Beneficiary, Federal Employees' Retirement System,* Standard Form 1152, *Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee,* or RI 76-10, *Assignment of Federal Employees' Group Life Insurance.*

If you have not assigned your insurance, YOU are "the Insured", as used throughout this form.

Order of Precedence

If the insurance HAS BEEN assigned and there is no valid Designation of Beneficiary, the amount of group life insurance and group accidental death insurance in force at the date of the Insured's death shall be paid to the assignee(s).

If the insurance HAS NOT BEEN assigned and there is no valid Designation of Beneficiary, the amount of group life insurance and group accidental death insurance in force at the date of death shall be paid to the person or persons surviving at the date of death, under the following order of precedence:

1. To the widow or widower.
2. If none of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the duly appointed executor or administrator of the estate.
5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of death.

It is not necessary to designate a beneficiary unless you wish payment to be made in a way other than the order of precedence shown above.

Regulations

(a) The Designation of Beneficiary shall be in writing, signed and witnessed, in writing, by two people, and received in the employing office (or in the Office of Personnel Management, in the case of (1) a retired employee or (2) an employee whose insurance is continued while receiving benefits under the Federal Employees' Compensation Law because of disease or injury and who is held by the Department of Labor to be unable to return to duty) **prior to the death of the insured.**

(b) A change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall not have any force or effect.

(c) A witness to a Designation of Beneficiary is not eligible to receive payment as a beneficiary.

(d) Any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia governments) may be named as beneficiary.

(e) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary. This right cannot be waived or restricted.

(f) A Designation of Beneficiary is automatically canceled 31 days after the employee stops being insured.

(g) If a valid Designation of Beneficiary provides that a designated beneficiary shall be entitled to the proceeds of the insurance only if the beneficiary survives the Insured for a period of time (not more than 30 days) as specified by the designator, no right to the insurance shall vest as to such beneficiary during that period. In the event such beneficiary does not survive the specified period, payment of the proceeds of the insurance will be made as if the beneficiary had predeceased the Insured.

Instructions

1. If you have validly assigned your insurance (that is, you completed an RI 76-10 Assignment form) either as an employee or as an annuitant or as an assignee reassigning insurance, your Designation of Beneficiary is invalid. Only the assignee(s) may complete a Designation.
2. Only the Insured or Assignee may sign the Designation of Beneficiary. The signature of a guardian, conservator or other fiduciary (including, but not limited to, those acting pursuant to a Power of Attorney or a Durable Power of Attorney) is not acceptable.
3. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for *(both)* Basic Life and optional coverages. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for Basic Life and optional coverages (example 4).
4. If you have elected a full Living Benefit, any designation of Basic insurance cannot be honored--you no longer have any Basic to designate.
5. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).
6. It is not necessary to file a new Designation of Beneficiary when your name or address or that of the Insured or the beneficiary changes or when the Insured changes employing offices or retires.
7. This form must be free of erasures or alterations.
8. Properly completed designations are not valid unless they are received prior to the death of the insured by the Office specified below under ***Where to File Completed Form.***

IMPORTANT: If you wish to designate a trust as beneficiary, ask the Insured's employing office or retirement system for instructions.

Where to File Completed Form

If the Insured is an employee, file the form with the employing agency. If the Insured is a retired employee or is receiving Federal Employees' Compensation, file the form with the Office of Personnel Management, Retirement Operations Center, Validation Section, Boyers, PA 16017. If an application for retirement or compensation is pending, file the form with your employing agency if still employed, or with the Office of Personnel Management if no longer employed. Receipt of the designation form will be noted on the bottom of the form and the duplicate (Part 2) will be returned to you as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the RI 76-21 (RI 76-20 for Postal Employees), the *Federal Employees' Group Life Insurance Description and Certification of Enrollment.*

Privacy Act and Public Burden Statements

Title 5, U.S. Code, chapter 87, Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your beneficiary(ies) for your life insurance and accidental death insurance. This information will be shared with the Office of Federal Employees' Group Life Insurance in the event of your death. It will also be shared with the Office of Personnel Management and be placed in your Official Personnel Folder. This information may be disclosed to other Federal agencies or Congressional offices which may have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates possible violation of civil or criminal law, it may be shared and verified, as noted above, with an appropriate Federal, state, or local law enforcement agency.

We also request that you provide the Insured's Social Security Number so that it may be used as an individual identifier in the Federal Employees' Group Life Insurance Program. Executive Order 9397, dated November 22, 1943, allows Federal agencies to use the Social Security Number as an individual identifier to distinguish between people with the same or similar names.

While the law does not require you to supply all the information requested on this form, doing so will assist in the prompt processing of your designation.

Agencies other than the Office of Personnel Management may have further routine uses for disclosure of information from the records systems in which they file copies of this form. If this is the case, they should provide you with any such uses which are applicable at the time you complete this form.

We think this form takes an average of 15 minutes to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, OPM Reports and Forms Officer, Washington, D.C. 20415.

Designations should be kept current. With changes in family status (marriage, divorce, death, births, etc.), you may wish to make changes in your designation(s).